

**Medicaid Outpatient Drugs Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

KENTUCKY

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid Agency's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

None

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

None

Prescription vitamins and mineral products

None

Nonprescription drugs (Over-the-Counter)

Some

The state covers all non-prescription drug categories for full benefit dual eligible beneficiaries except for herbal products. For all beneficiaries, prior authorization is required for allergy, asthma and sinus products, analgesics, cough and cold preparations, digestive products (H2 and non-H2 antagonists), feminine products and topical products.

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

All

Smoking Cessation (except dual eligibles as Part D will cover)

None

STATE WEBSITE

http://kentucky.fhsc.com/Downloads/providers/KY_PDL20051012.pdf